

Welcome to Day 2!



# *Institute for Community Health Program Planning (iCHPP)*



Developed by the PLANET MassCONNECT Team.

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# Homework review

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- PLANET MassCONNECT portal experience
- Using data
- Partnerships
- Approaches

# Social ecological model: Multi-level drivers



# Step 4



# Two complementary stages

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- Step 4a – Choose our evidence-based program
- Step 4b – Customize and localize the program to meet our needs

# Step 4a overview:

## Choose an evidence-based program

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- Create program goals
- Create program objectives
- Consider criteria to select a program

# Goals and objectives



**WHO** will be affected and **WHAT** will change after the program

**HOW** the goals will be achieved; more specific than goals. Should be *SMART*:

**S**—Specific

**M**—Measurable

**A**—Achievable

**R**—Realistic

**T**—Time-framed

# *Example: Smoking prevention program*

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- Goal: To increase students' knowledge about the effects of smoking and strategies for quitting.
- Objectives:
  - After completing the 12-week program, 75% of program participants will be able to identify the 10 ill-health effects of smoking.
  - After completing the 12-week program, 75% of program participants will be able to identify 7 strategies for quitting smoking.
  - Within one school year, peer leaders will provide 3 follow-up educational sessions to program participants.



# Exercise: Develop goals and objectives

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Reminder: Kira is planning an obesity prevention program and is interested in a school-based approach

## Exercise:

- Define one goal Kira might set
- List two objectives that relate to that goal
  - Try to keep them SMART
    - S—Specific
    - M—Measurable
    - A—Achievable
    - R—Realistic
    - T—Time-framed

# Kira's choice: Goals and objectives

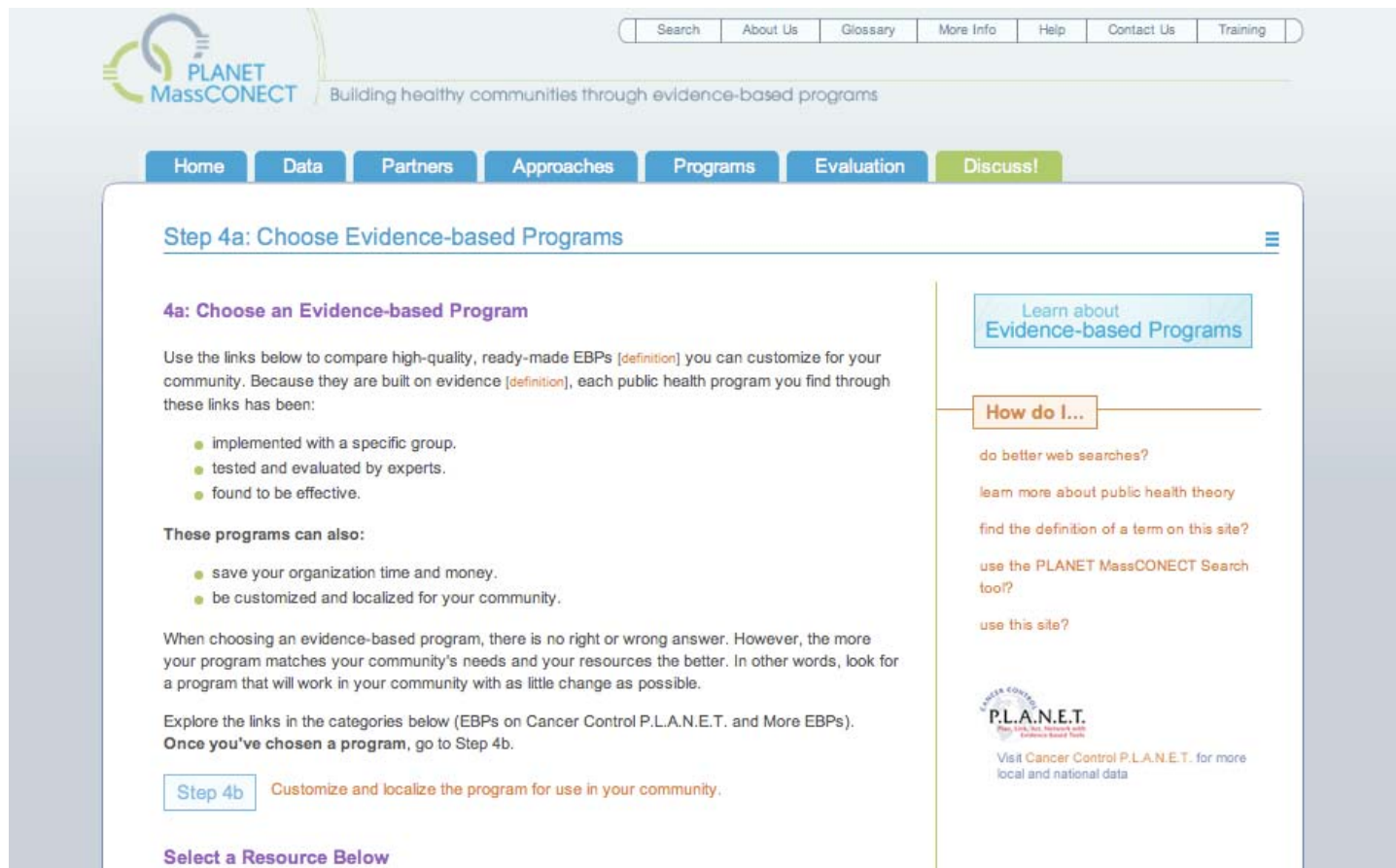
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# Program selection

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- Program fit
- Target audience
- Evaluation
- Customization

# ≡ Demonstration: Search strategy



The screenshot displays the PLANET MassCONNECT website interface. At the top, the logo and tagline 'Building healthy communities through evidence-based programs' are visible. A navigation bar includes links for Search, About Us, Glossary, More Info, Help, Contact Us, and Training. Below this, a secondary navigation bar highlights 'Home', 'Data', 'Partners', 'Approaches', 'Programs', 'Evaluation', and 'Discuss!'. The main content area is titled 'Step 4a: Choose Evidence-based Programs'. It features a sub-header '4a: Choose an Evidence-based Program' and a paragraph explaining the purpose of the links. A bulleted list outlines criteria for selecting programs: implemented with a specific group, tested and evaluated by experts, and found to be effective. Another section, 'These programs can also:', lists additional benefits like saving time and money and being customized for the community. A paragraph advises on choosing a program based on community needs and resources. It then directs users to explore links in categories like 'EBPs on Cancer Control P.L.A.N.E.T. and More EBPs' and instructs them to go to Step 4b after choosing a program. A 'Step 4b' button is provided with the text 'Customize and localize the program for use in your community.' Below this is a 'Select a Resource Below' section. On the right side, there is a sidebar with a 'Learn about Evidence-based Programs' button, a 'How do I...' section with links for better web searches, public health theory, term definitions, search tool usage, and site usage, and a 'P.L.A.N.E.T.' logo with a link to visit Cancer Control P.L.A.N.E.T. for more data.

PLANET MassCONNECT Building healthy communities through evidence-based programs

Search About Us Glossary More Info Help Contact Us Training

Home Data Partners Approaches Programs Evaluation Discuss!

## Step 4a: Choose Evidence-based Programs

### 4a: Choose an Evidence-based Program

Use the links below to compare high-quality, ready-made EBPs [definition] you can customize for your community. Because they are built on evidence [definition], each public health program you find through these links has been:

- implemented with a specific group.
- tested and evaluated by experts.
- found to be effective.

**These programs can also:**

- save your organization time and money.
- be customized and localized for your community.

When choosing an evidence-based program, there is no right or wrong answer. However, the more your program matches your community's needs and your resources the better. In other words, look for a program that will work in your community with as little change as possible.

Explore the links in the categories below (EBPs on Cancer Control P.L.A.N.E.T. and More EBPs). **Once you've chosen a program**, go to Step 4b.

**Step 4b** Customize and localize the program for use in your community.

**Select a Resource Below**

Learn about Evidence-based Programs

**How do I...**

- do better web searches?
- learn more about public health theory
- find the definition of a term on this site?
- use the PLANET MassCONNECT Search tool?
- use this site?

PLANET MassCONNECT  
**P.L.A.N.E.T.**  
Plan, Implement, Assess, Network with Evidence-based Programs

Visit Cancer Control P.L.A.N.E.T. for more local and national data

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# Case Study

## Discussion/Exercise

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- Using her goals and objectives, what criteria would you suggest she use to find appropriate programs?
- Search for programs on RTIPS

## ≡ Kira's search criteria



## ≡ Kira's results



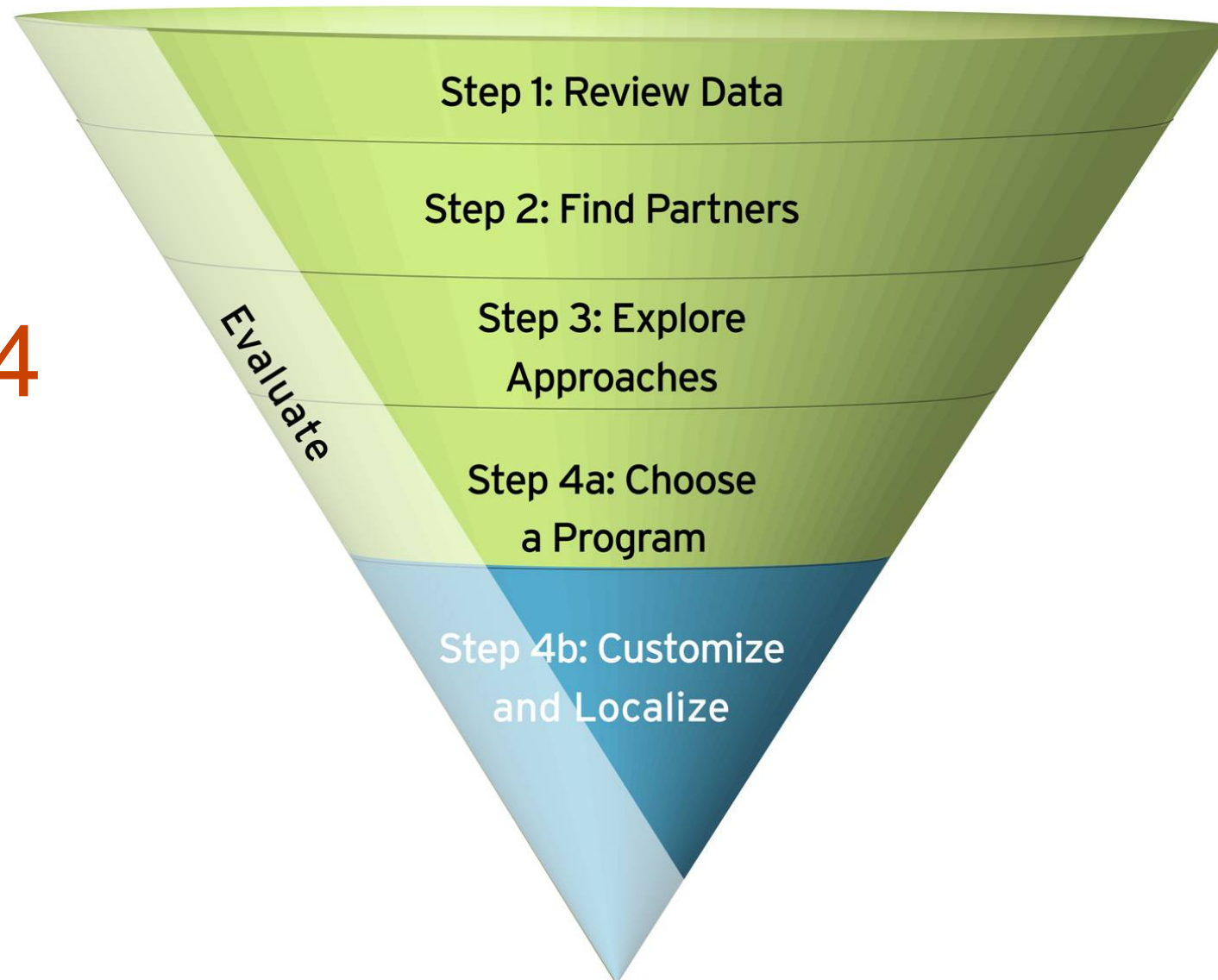


## Kira's comparison



# Kira's choice

# Step 4



# Step 4b overview:

## Customize and localize your program

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- Make our chosen program more relevant, while staying true to the program design
- Stay within the guidelines of what we can and cannot change in an EBP
- Pilot-test the changes we have made

# You have made your choice, now what?

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- EBPs may be tested and proven effective in a setting unlike yours
- Make adjustments to the selected program to increase impact
- Often called “program adaptation,” the key is to customize and localize
  - The process of changing or modifying an existing program to fit new audiences, conditions, or contexts

# Local voices

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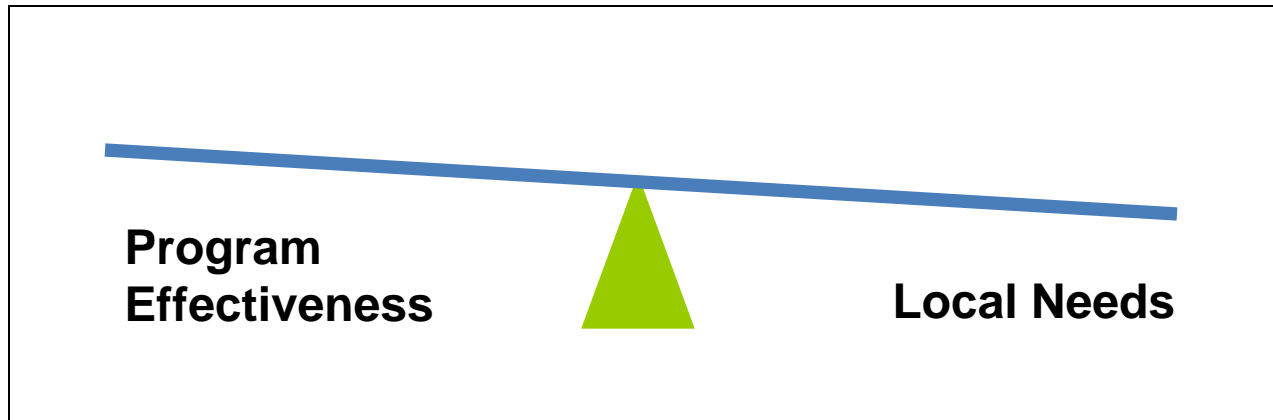
“I’m thinking like, across the country. So, if something may work really well in the Midwest, you have to think of inner city populations of people... you’re gonna definitely find, clearly, a difference in what works, scientifically, here.”

– Practitioner, Boston

# Common sources of program – context mismatch

Category	Examples
Group characteristics	<ul style="list-style-type: none"><li>– Language</li><li>– Ethnicity</li><li>– Socioeconomic status</li><li>– Urban-rural context</li><li>– Risk factors (number and severity)</li><li>– Family structure</li></ul>
Program delivery staff	<ul style="list-style-type: none"><li>– Type of staff</li><li>– Staff cultural competence</li></ul>
Administrative / community factors	<ul style="list-style-type: none"><li>– Level of community consultation</li><li>– Community readiness for change</li></ul>
Resources	<ul style="list-style-type: none"><li>– Number of staff available</li><li>– Facilities / materials available</li></ul>

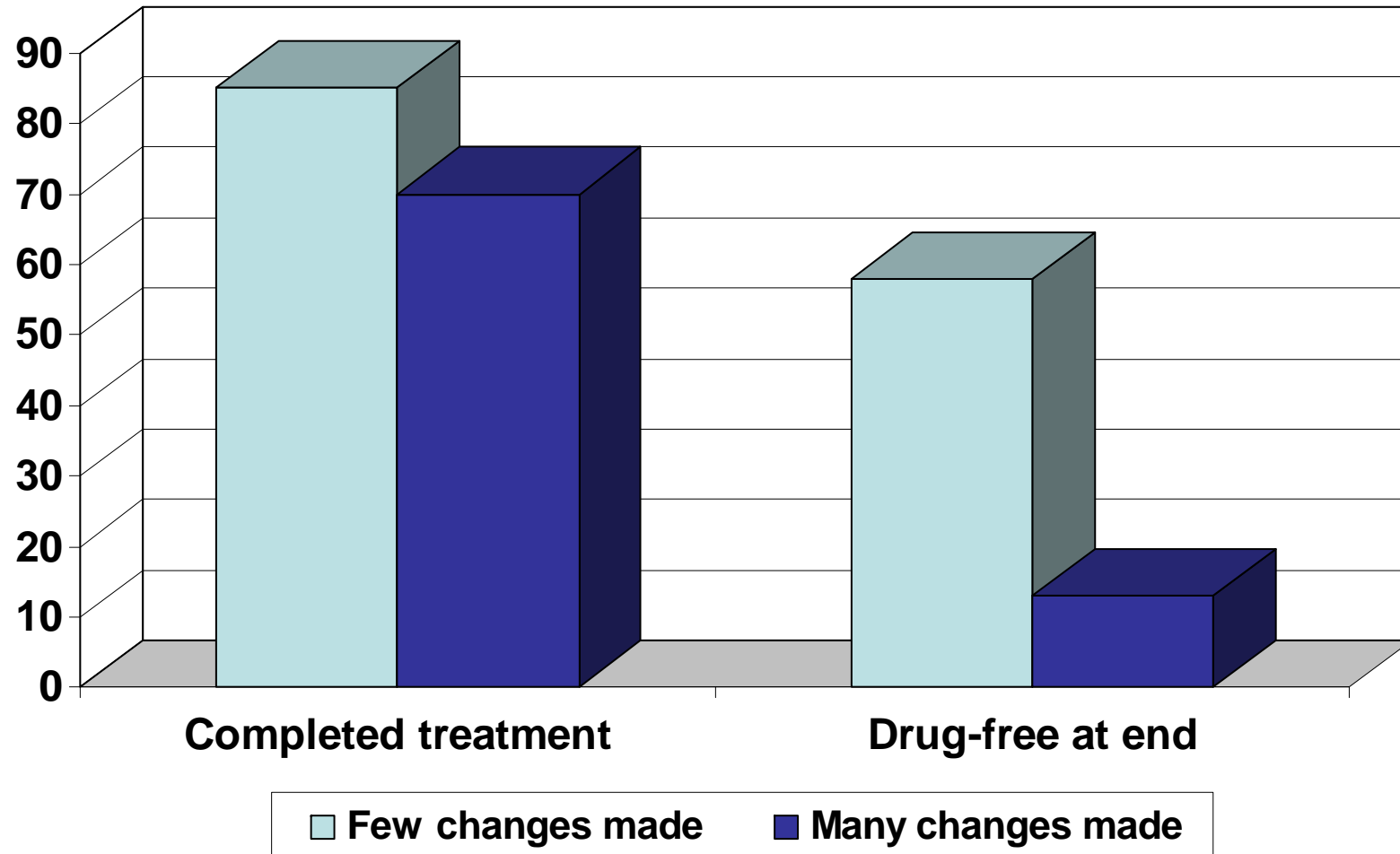
# Balance is everything



- Need to be sure each change is necessary and “worth” the risk of changing the program too much
- Staying true to the program = “program fidelity”

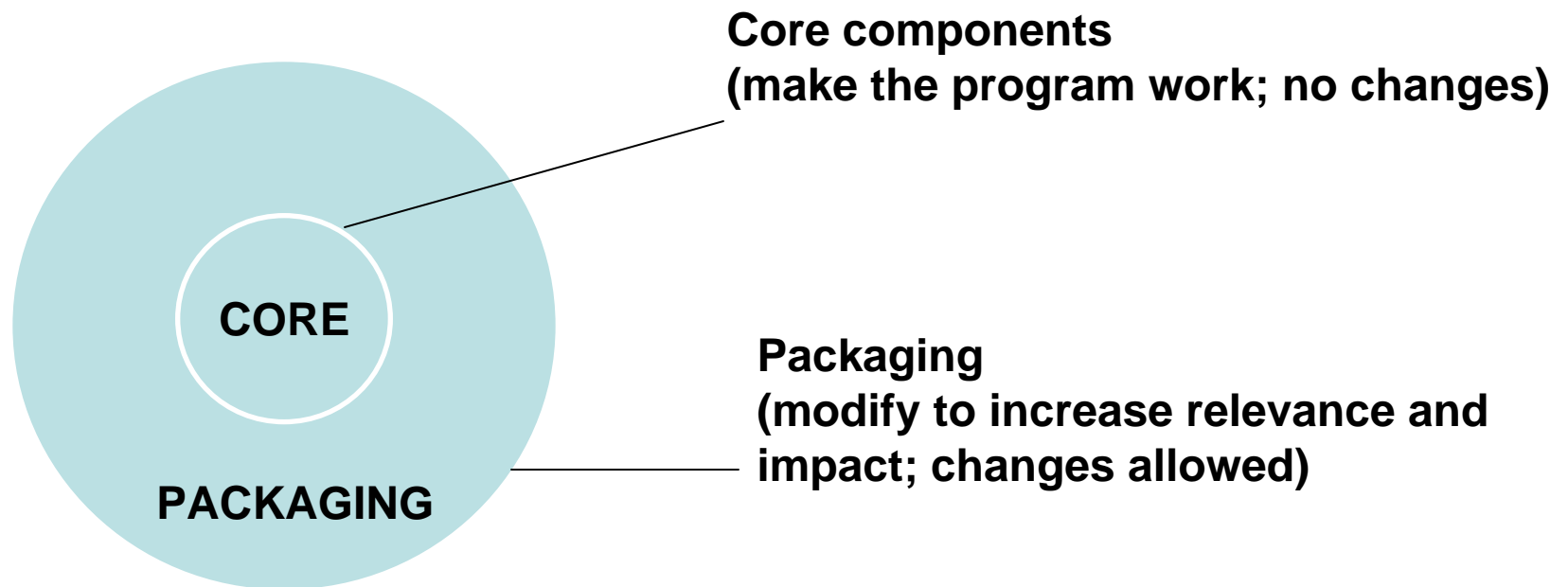


# *Example: Assertive community treatment*



# What we can / can't change

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# Acceptable adaptations - Examples

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- Changing language, e.g. word choices
- Replacing images for relevance
- Replacing cultural references
- Modifying aspects of activities for relevance
- Ways to reach your audience
- Improving clarity of materials

# Risky / unacceptable adaptations - Examples

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- Changing the number / length of sessions
- Lowering the level of participant engagement
- Eliminating key messages or skills learned
- Removing topics or sections of the program
- Using staff or volunteers who are not adequately trained or qualified
- Using fewer staff members than recommended
- Changing the theoretical approach

# *All Stars* Recipe for Success

- Deliver the core program in 6th or 7th grade, followed by the booster curriculum the next year.
- Teach at least one lesson per week until all lessons are complete (14 Core + 8 Booster).
- Teach lessons in order...



# World Lung Foundation



## Artery

### Campaign Name

Every Cigarette is Doing You Damage

### Target Audience

Adult Smokers

### Length

30s

### Year

1996-2004

### Language(s)

English

### Key Messages

- Every cigarette is doing you damage.
- It's not just a risk—it's a certainty that smoking will damage your health.
- Smoking damages your arteries, lungs and eyesight.

### Summary

A young man lights a cigarette from the stove. As he inhales, smoke swirls past his lips and down his trachea. We see a section of human aorta on a kidney dish. A doctor squeezes along its length, pushing out yellow gunk. A voiceover explains how smoking damages arteries. As smoker exhales, we reverse back up his throat.

### Transcript

### Usage Rating

Adaptability

**B**

Licensing

**5**

[learn about ratings](#)

### profile sheets

کیرل

Bahasa

English

हिन्दी

中文普通话

Русский

Español

### adaptations

[Arabic \(office\)](#)

# Reasons to pilot test

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- Your audience differs from the one the program was tested with
- You plan to use a different mode of delivery (one-on-one instead of group setting)
- Limited resources mean you cannot deliver the program as intended
- You have translated the materials into another language or made changes for readability

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# Case Study



## Discussion

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- Given her limited resources and need to maintain program fidelity:
  - What would you suggest she customize?
  - How would you suggest she test any modifications?

# Kira's thoughts: Bienestar adaptation

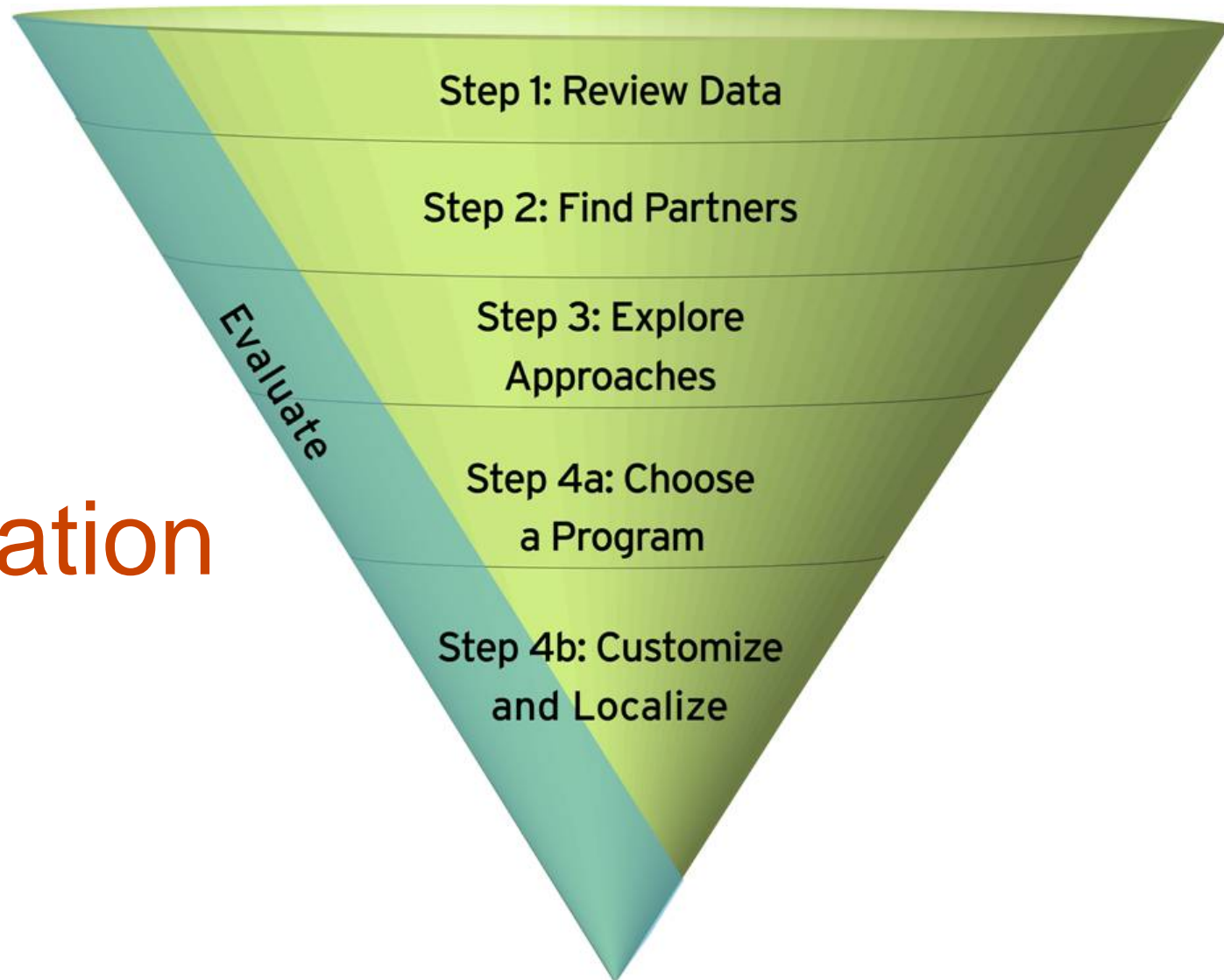
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## ≡ Kira's pilot test

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# Evaluation



# Evaluation overview

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- Making the most of evaluation
- Evaluation methods and stages
- Measuring and sharing outcomes

# Why evaluate?

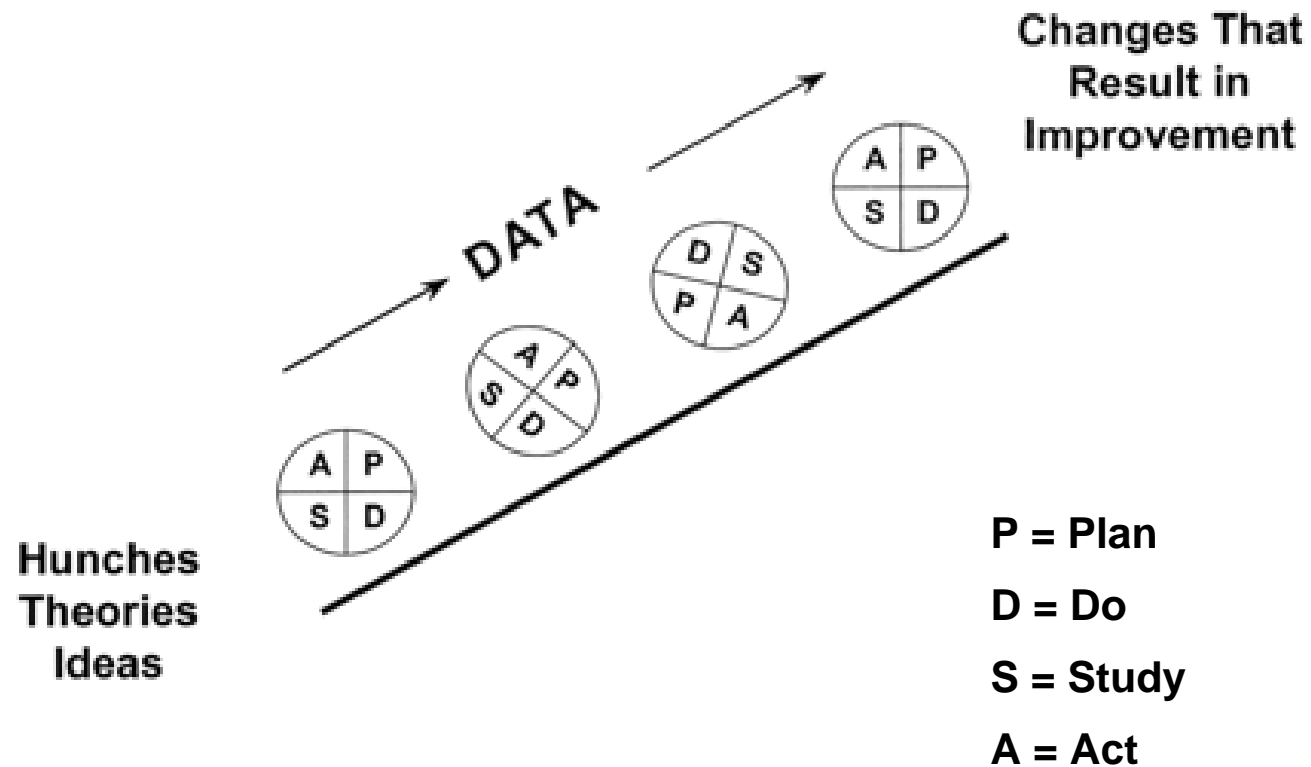
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- Opportunity to
  - Identify successes and opportunities for improvement
  - Demonstrate achievements and value of your efforts
  - Assess the organization's investment
  - Manage resources and services effectively
  - Leverage positive results for additional funding

AND

- Requirement from funder, sponsor, etc.

# Driving change with evidence



# Different types of evaluation

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- Formative evaluation
  - Making the case
  - Preparing for program delivery
- Process evaluation
  - Assessing program operations
- Outcome evaluation
  - Measuring our effect on our audience
- Resources available on portal



# Formative evaluation

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- Needs assessment
- Pilot-testing

# Process evaluation

- Fidelity - staying true to the program
- Tracking - delivering the program as planned



## Connectedness Tracking Log

Carol White Physical Education Program - After School Program 2006-2007

Week of \_\_\_\_\_

Initial your name for the days when you make a connection with a child or a parent.  
(A connection is defined as a positive one-on-one personal discussion, alone or within a 2-3 person group, of something uniquely important to the child.)

**C** – Connection with the child (At least once a day per child)

**P** – Connection with the child's parent/guardian (At least once a week per child)



Child's Name	Mon		Tues		Wed		Thurs		Fri	
	C	P	C	P	C	P	C	P	C	P

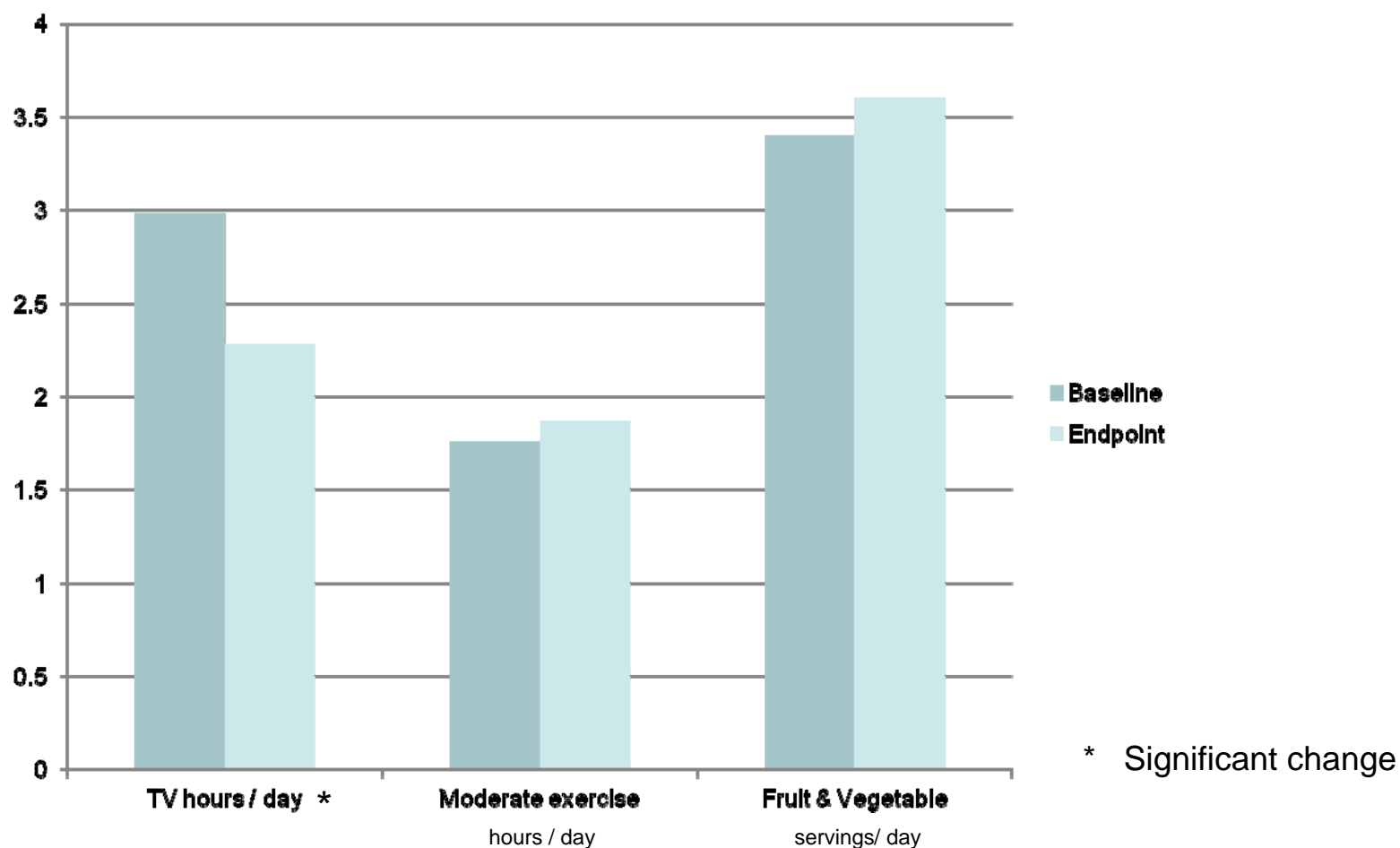
# Outcome evaluation

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- Measuring our effect on our audience
- Compare basic information about program markers at:
  - Baseline (collect before program starts)
  - Post-test (collect at the end of the program)

# *Example: Planet Health*



# After the evaluation is in...

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- Disseminating results to key stakeholders can
  - Generate support for programs
  - Share important findings
- How best to disseminate?

# *Example: MassCONNECT Briefs*



## **MassCONNECT Researchers Explore How Journalists Write About Health Disparities**

The media plays a big part in how health information is presented. Reporters don't just report the news—they decide what they think people will want to learn and then frame the stories.

MassCONNECT researchers from Dana-Farber Cancer Institute (DFCI) and Harvard School of Public Health (HSPH) wanted to learn more about how reporters and journalists work. The researchers studied journalists whose writing reaches people in Boston, Lawrence, and Worcester. These three communities are all represented by MassCONNECT. The information that the MassCONNECT

team collected from the journalists showed how reporters decide which stories to write and what challenges they face. The team also learned that the reporters' own knowledge about health disparities can affect their story angles. Even more importantly, the information showed how MassCONNECT members can influence the way that health disparities are presented and perceived in the media.

### **How this study can help your work**

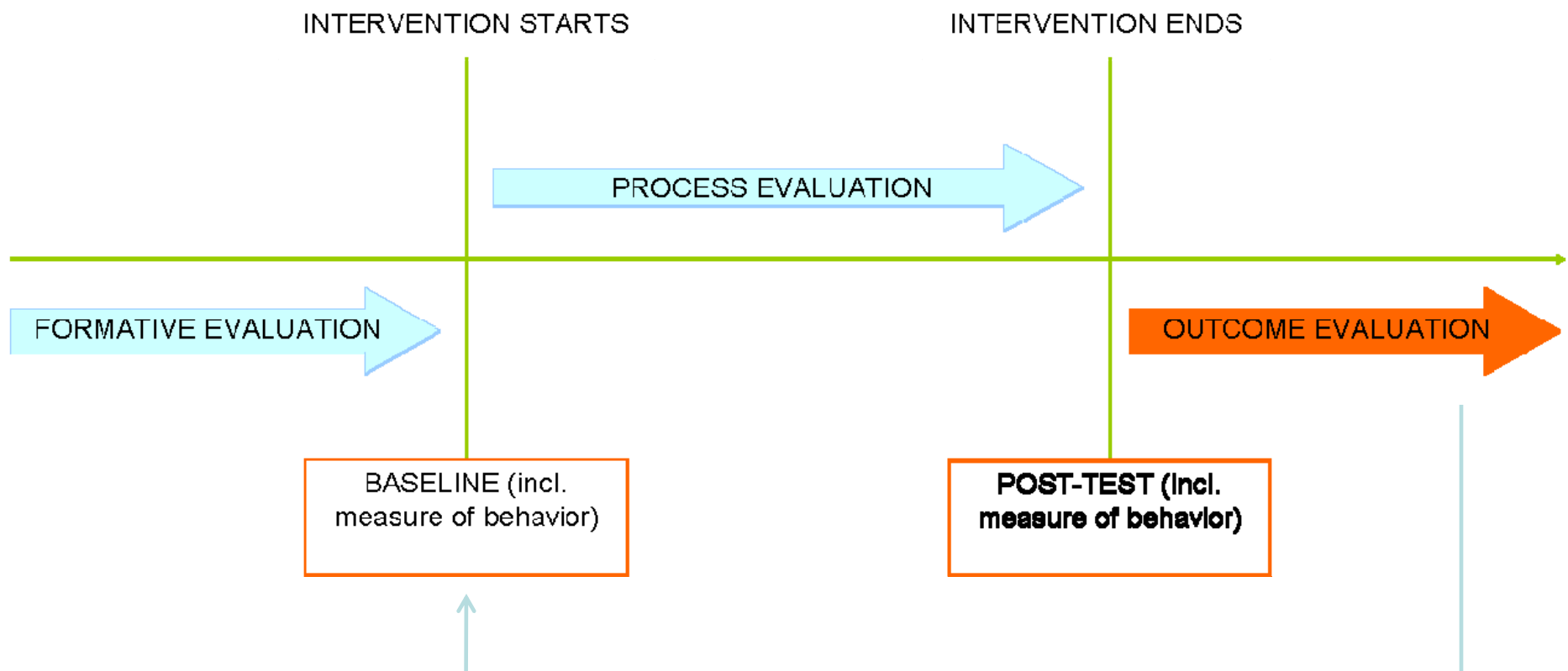
- Community groups are encouraged to provide local

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# Case Study

# Kira's evaluation plan





# Kira's formative evaluation

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- Collected data to demonstrate need
  - Adult data: BRFSS
  - Child data: School district BMI
  - Community data: Mapped recreation spaces
- Pilot tested
  - Held focus groups with students to ensure changes to curriculum resonated

# Discussion

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- Process evaluation
  - What should Kira track?
  - When?

# Kira's process evaluation plan

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# Discussion

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- Outcome evaluation
  - How will she measure outcomes?
  - When will she measure outcomes?

# Kira's outcome evaluation plan

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## Dissemination of findings

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- How can she share these findings?
- Who should she share them with?

# Stepped approach to program planning



# What's next?

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- We value your feedback. Please complete your surveys!
- Look for planning grant opportunities.
- Visit [www.planetmassconnect.org](http://www.planetmassconnect.org) for updates, discussions with colleagues, and more!
- Spread the word!



# Networking event

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- Please join us at our next alumni event.  
Cassandra Andersen will contact you with additional details about this opportunity to meet other alums and receive additional training.



THANK YOU!

